

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>AS</i>		<i>08/15/00</i>
O.I.P.E. CLASSIFIER		<i>12</i>	<i>3/1</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>MB</i>	<i>10203</i>	<i>4-17</i>

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      0 ..... Objected

Claim	Final Original	Date
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Claim	Final Original	Date
51	<i>7-8-02</i>	<i>7-4-03</i>
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Claim	Final Original	Date
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If more than 150 claims or 10 actions  
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